

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE XC-2304 004

SL 16774

5801-62-024470  
STATE FILE NUMBERDO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 318

Primary Registration District No. 1003

Registrar's No.

FILED JUN 18 1962

## 1. PLACE OF DEATH

a. COUNTY

b. CITY (If outside corporate limits, give TOWNSHIP only)

OR  
TOWN

915 N. Grand, St. Louis, Mo.

Length of stay in 1b

9 days

c. FULL NAME OF (If NOT in hospital, give location)

HOSPITAL OR  
INSTITUTION

VET. ADM. HOSPITAL

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Missouri b. COUNTY St. Louis

c. CITY

OR  
TOWN

St. Louis

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

6405 Bartmer

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

MILES

Middle

Last

BURTON

4. DATE

OF  
DEATH

Month

June

Day

9

Year

1962

## 5. SEX

Male

## 6. COLOR OR RACE

White

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

## 8. DATE OF BIRTH

10/29/80

## 9. AGE (last birthday)

81

## IF UNDER 1 YEAR

Months Days

## IF UNDER 24 HR

Hours Min.

## 10a. USUAL OCCUPATION (Give kind of work done

during most of working life, even if retired)

Gardener

## 10b. KIND OF BUSINESS OR INDUSTRY

St. Peters Cemetery

## 11. BIRTHPLACE (City and state or country)

Rolla, Missouri

## 12. CITIZEN OF WHAT COUNTRY

USA

## 13a. FATHER'S NAME

Sam Burton

## 13b. MOTHER'S MAIDEN NAME

Charity Sewell

## 14. NAME OF HUSBAND OR WIFE

Fannie Burton

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) Yes

SPAN

## 16. SOCIAL SECURITY NO.

[REDACTED]

## 17. INFORMANT

Address

Fannie Burton (Wife), Same add. as 2

## 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Lobar pneumonia

Conditions, if any,  
which gave rise to  
above cause (a),  
stating the under-  
lying cause last.

DUE TO (b) underlying hypertension, old

DUE TO (c) and recent cerebrovascular accidents

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal  
disease condition given in PART I (a)

331x

PART III. If deceased was female was  
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. WAS AUTOPSY  
PERFORMED?  
YES ☐ NO ☒

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF  
INJURYHour  
a.m.  
p.m.

Month, Day, Year

20d. INJURY OCCURRED  
WHILE AT WORK ☐  
NOT WHILE AT WORK ☐20e. PLACE OF INJURY (e.g., in or about home,  
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from 5/31/62 to 6/9/62 and last saw him alive on 6/9/62

Death occurred at 1:15 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

## 22. SIGNATURE

(Degree or title)

Ronald K. [Signature] M.D.

## 22b. ADDRESS

VAH, ST. LOUIS, MO.

## 22c. DATE SIGNED

6/9/62

23a. BURIAL, CREMATION,  
REMOVAL (Specify)

Removal

## 23b. DATE

June 12, 1962

## 23c. NAME OF CEMETERY OR CREMATORY

St. Peters Cemetery

## 23d. LOCATION (City, town, or county)

St. Louis Co. Missouri

## (State)

## 24. FUNERAL DIRECTOR

ADDRESS

Shepard Funeral Home 1167 Hamilton Ave

DATE RECD. BY LOCAL REG.

JUN 11 1962

## 26. REGISTRAR'S SIGNATURE

Ronald Smith, M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK

OR

TYPEWRITER RIBBON

ITEM NO.

DATE AMENDED

VS 300  
Rev. 4/59

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48062

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**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,

on \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed

Lawrence O. Darling

Licensed Embalmer No. 4979

P. O. Address

St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.